

Project Strengthening Supervision

U.S. Department of Health and Human Services,
Administration for Children, Youth and Families,
The Children's Bureau.



Final Evaluation Report

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NATIONAL CLEARINGHOUSE ON CHILD
ABUSE AND NEGLECT INFORMATION

Executive Summary

Project Strengthening Supervision (Project Years 2000-2003)

In 2000, Illinois State University was awarded a three-year grant from the Department of Health and Human Services, Administration for Children, Youth, and Families, to provide child welfare supervisors, responsible for the functioning of direct service staff, (1) the practical knowledge and skills related to effectively managing cases in which substance abuse is a critical issue; and (2) assist them in developing a training style that will facilitate their transfer of information and competencies to their direct service staff. More specifically, the training focused on three areas: *Using Stages of Change Theory and Motivational Interviewing with Substance-Affected Families*; *Substance Abuse and Child Welfare: Advanced Issues for Clinical Supervisors*; and *Creative Clinical Supervision for Child Welfare Professionals*. The preeminent goal of this project was to ensure the safety, health and well-being of children within substance affected families.

The project staff worked in close concert with the Department of Child and Family Services (DCFS) in Illinois in developing the interdisciplinary training materials of the project. The project staff utilized to the fullest extent possible existing curriculum and other training materials on child welfare and substance abuse, but also sought out and/or developed additional materials as needed to ensure that all aspects of the project were consistent with current policy and practice. In particular, they utilized the two approaches and related materials on “*States of Change*” theory (Prochaska, Norcross & DiClemente, 1986, 1994) and “*Motivational Interviewing*” (Miller & Rollnick, 1991).

Trainees for this project included supervisory personnel from DCFS and POS agencies. The selection of trainees was accomplished in partnership with DCFS. Trainees were chosen based on several criteria, including their representing a broad spectrum of ethnic and racial populations. It was proposed that at least 40 child welfare supervisors per project year would be trained, resulting in the training of 120 supervisors over the three-year duration of the project. A minimum of 100 child welfare supervisors did actually participate in the project.

The primary project activity involved the planning and delivering of training workshops. The training of supervisors was to reflect a two-phase approach. In Phase I, the primary focus was on providing supervisors with practical knowledge and skills related to the issue of substance abuse and child maltreatment. In Phase II, the focus was placed on the preparation of supervisors to: (1) transfer the knowledge and skills acquired in Phase I to their staff; and (2) provide on-going supervision support to child welfare workers. Each workshop was conducted by experts in their respective fields (Joseph Rosenfeld, William White, Randall Webber, and Mark Sanders). A total of twenty-one (21) training sessions were held over the three years.

Evaluation of the Project Strengthening Supervision measured two major impacts of the project, consistent with and stemming directly from the goals, benefits and results of the project training workshops:

- The extent to which child welfare supervisors became more familiar with the processes and dynamics of substance abuse screening, assessment, treatment, recovery and relapse.
- The extent to which child welfare supervisors increased their level of effectiveness in providing supervision to their staff and transferred the knowledge and skills they developed through project workshops to case workers operating under their supervision.

To assess these impacts, the project evaluator engaged in three sets of activities. Three instruments were developed and used as data for the project evaluation. They included a: (1)

training workshop evaluation form knowledge; (2) pre-test/post-test instruments designed for each of the trainings; and (3) written follow-up questionnaire survey of workshop participants.

Based on information from the training workshop evaluations, pre- and post-test training instruments, and follow-up written questionnaire survey, the following key conclusions and recommendations emerged from the project evaluation.

Conclusions

1. A significant majority of participants involved found *Project Strengthening Supervision* to be “very useful” to “highly useful” in contributing to their job effectiveness; that the training sessions were “fairly well” to “very well” planned, organized, and delivered; the trainers were overwhelmingly seen as “very effective” to “highly effective” in their knowledge and training delivery; the training materials were seen to be “mostly valuable” to “highly valuable”; and the content of the training sessions were rated as “mostly applicable” to “highly applicable” to their job activities.
2. What appeared to be highlighted by many participants as to what they liked in the trainings were the large and small group participation activities/exercises; opportunities to ask questions; use of videos; case studies or vignettes; personal stories by trainers, real-life experiences or work-related scenarios; real-life applications; written handouts; role playing, and references.
3. Participants overwhelmingly recommended the three topical workshops be offered to other professionals with similar job responsibilities.
4. In review of all three years’ data, it appeared that the *Stages of Change and Motivational Interviewing* workshop provided consistently significant participant knowledge growth from pre-test to post-test. Several problems arose with making comparisons with the other trainings. For example, some of the sessions’ pre- and/or post-test data were not available to analyze; and in other cases there were an insufficient number of usable pre- and post-tests available to make any statistical treatment meaningful.
5. Respondents reported that the training sessions prepared them in providing more effective supervision of child welfare case workers who are working with families in which substance abused has been identified as a major issue.
6. Respondents reported that the training sessions enhanced their competencies in seven areas in supervising child welfare caseworkers. One competency area most enhanced appeared to be “learning additional strategies and approaches for supervising case workers.”
7. Respondents reported that their experience from the training impacted their current practices in supervising child case workers, particularly in using the “stages of change theory” and “using motivational interviewing.”
8. It would appear that the transfer of learning or application of learning to-the-job was primarily in the form of reading the handout material from the workshops and sharing information with caseworkers under the supervisor’s responsibility.

Recommendations

Based on a careful analysis of the evaluative data collected, the following recommendations are made regarding this program and subsequent programs of follow-up to this type of training.

1. Logistical planning for training sessions that includes providing advanced information on available training sessions, meeting room comfort, and parking availability need to be carefully considered.
2. Training strategies should continue and even expand in terms large and small group participation activities/exercises; opportunities to ask questions; use of videos; case studies or vignettes; personal stories by trainers, real-life experiences or work-related scenarios; real-life applications; written handouts; role playing, and bibliographic references.
3. Training should continue to be spaced over several months so that participants can have the opportunity to integrate their learning into everyday work situations.
4. This form of training should be offered to child welfare caseworkers in addition to supervisors as well as for those in decision-making roles like the courts, public defenders, judges, and physicians.
5. Project personnel should continue to research and offer more proven-to-be-effective techniques in future training like "motivational interviewing" and "stages of change" theories.
6. Project administrators need to ensure that a larger number of participants complete the workshop evaluations and both pre- and post-test instruments so matched pairs can be compared for statistical analysis.
7. Project administrators should work toward the validation of pre-test and post-tests to determine that knowledge is being acquired by participants within the training sessions in which they participate.
8. Follow-up strategies (e.g., study groups, web discussion boards, internet chat rooms, half day seminars) should be explored and offered that enable participants to receive feedback to their efforts to transfer learning from the training sessions to their current work in supervising caseworkers.
9. More effort needs to be emphasized among participants in the training to promote changes in the practices and policies of their agency where they are not being as effective in child welfare and substance abuse.
10. Long-term evaluation should look at whether the training provided to child welfare caseworkers by their supervisors are actually ensuring the safety, health and well-being of children within substance affected families.

In summary, the project appeared to meet the goals as identified in the grant proposal. The training curriculum, instructional methodology used by the trainers, as well as the general approach of providing numerous opportunities for individuals over several spaced training sessions to engage in intensive interaction, discussion and collaboration in a setting away from daily activities and pressures all hold great promise for replication in other substantive settings and involving other types of clientele.

Introduction

Project Strengthening Supervision (Project Years 2000-2003)



Project Strengthening Supervision was funded through a grant from the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, The Children's Bureau. It provides training for supervisors in child welfare throughout the State of Illinois. This training focuses on three areas: *Using Stages of Change Theory and Motivational Interviewing with Substance-Affected Families*; *Substance Abuse and Child Welfare: Advanced Issues for Clinical Supervisors*; and *Creative Clinical Supervision for Child Welfare Professionals*.

A. Origin of the Program

There is a very high percentage of child welfare cases within the State of Illinois that involves the use of mood-altering substances by one or both parents. These cases are particularly difficult to manage, as addicted clients are generally resistant to substance abuse treatment, and in most cases, require a wide range of adjunctive services. In addition, the passage of the Adoption and Safe Families Act of 1997 (ASFA) has resulted in the need to make permanency decisions more rapidly than ever before. Working with such addicted appears to contribute significantly to the high rates of "burnout" and job turnover within the child welfare field. Conversely, transferring knowledge and, more importantly, practical skills to those direct service staff responsible for effectively managing cases in which substance abuse is a critical issue has the potential to decrease stress and turnover among this population.

Ultimately, the child welfare supervisor is responsible for the functioning of direct service staff. Such supervisors need practical knowledge and skills that can be effectively transferred to those under their supervision. Thus, this project came about as a means to provide such knowledge and skills, and furthermore, assist child welfare supervisors in developing a training style that will (1) facilitate the transfer of information and competencies to their direct service staff (caseworkers) and (2) enable them to better manage and motivate their staff. The emphasis of training was not on merely presenting child welfare supervisors with more facts, but instead, contributing in a meaningful way to the day-to-day disposition of cases. This included teaching child welfare supervisors on how to train their staff as well as to what to include in the content of their training.

B. Project Goals and Objectives

In 2000, Illinois State University was awarded a three-year grant from the Department of Health and Human Services, Administration for Children, Youth, and Families, to provide child welfare supervisors, responsible for the functioning of direct service staff, (1) the practical knowledge and skills related to effectively managing cases in which substance abuse is a critical

issue; and (2) assist them in developing a training style that will facilitate their transfer of information and competencies to their direct service staff. More specifically, the training focused on three areas: *Using Stages of Change Theory and Motivational Interviewing with Substance-Affected Families*; *Substance Abuse and Child Welfare: Advanced Issues for Clinical Supervisors*; and *Creative Clinical Supervision for Child Welfare Professionals*. The preeminent goal of this project was to ensure the safety, health and well-being of children within substance affected families. Additional goals of the project included:

- To support the policies, practices and changes which are occurring within the child welfare field as the result of ASFA and other recent federal and state legislation;
- To improve the decision-making process among child welfare supervisors in cases where parental substance abuse is an issue;
- To enhance the ability of clinical supervisors to conduct permanency planning in cases in which substance abuse is an identified problem;
- To assist the child welfare supervisor in developing concurrent plans for Department for Child and Family Services (DCFS)-involved children;
- To enhance interdisciplinary cooperation, case management and problem solving between DCFS and POS (DCFS purchase-of-services agencies) and providers of substance abuse services;
- To increase referrals from DCFS/POS caseworkers to Initiative Alcohol and Other Drug Abuse (AODA) providers;
- To ensure that addicted DCFS clients are provided with the services and resources necessary to maximize their potential for AODA abstinence and successful recovery;
- To enable child welfare supervisors to transfer the knowledge and skills they develop through project workshops to their subordinates; and
- To assist child welfare supervisors in increasing their level of effectiveness in providing supervision to their staff.

Results and benefits expected from this project included:

- The safety, health and well-being of Illinois children in substance-affected families will be enhanced.
- DCFS /POS child welfare supervisors will become more familiar with the processes and dynamics of substance abuse screening, assessment, treatment, recovery and relapse, and will provide such knowledge to case workers operating under their supervision.
- A closer working relationship will develop between child welfare agencies, AODA treatment providers and other social service organizations to which DCFS-involved clients are referred.
- Child welfare supervisors will be more capable of assisting their direct services staff in incorporating the changes in child welfare policy and practice resulting from ASFA and other recent legislation into their day-to-day work.
- Decision-making in cases where parental substance abuse is an issue will be enhanced.
- Child welfare supervisors will gain the knowledge and skills necessary to function as effective mentors to their staff members.
- Child welfare workers and staff of AODA treatment providers will work together to ensure that parents in substance-abused families will receive the services they require in

order to maximize their potential for abstinence and long-term recovery as well as the potential for preservation of their families.

C. Project Activities

To accomplish the goals of this project, the project staff engaged in three major activities:

Curriculum Development

The project staff worked in close concert with the Department of Child and Family Services (DCFS) in Illinois in developing the interdisciplinary training materials of the project. The project staff utilized to the fullest extent possible existing curriculum and other training materials on child welfare and substance abuse, but also sought out and/or developed additional materials as needed to ensure that all aspects of the project were consistent with current policy and practice. In particular, they utilized the two approaches and related materials on “*Stages of Change*” theory (Prochaska, Norcrosse & DiClemente, 1986, 1994) and “*Motivational Interviewing*” (Miller & Rollnick, 1991). Both of these approaches have been thoroughly tested among addict populations and have proven helpful in (1) engaging and motivating clients, including clients in decisions related to treatment planning; (2) identifying the steps that clients must take in achieving sobriety and long-term recovery; (3) minimizing the negative impact of relapses; and (4) helping clients avoid further relapse episodes.

Identification, Selection and Recruitment of Trainees

Trainees for this project included supervisory personnel from DCFS and POS agencies. The selection of trainees was accomplished in partnership with DCFS. Trainees were chosen based on several criteria, including their representing a broad spectrum of ethnic and racial populations. It was proposed that at least 40 child welfare supervisors per project year would be trained, resulting in the training of 120 supervisors over the three-year duration of the project.

Training

The primary project activity involved the planning and delivering of training workshops. The training of supervisors was to reflect a two-phase approach. In Phase I, the primary focus was on providing supervisors with practical knowledge and skills related to the issue of substance abuse and child maltreatment. In Phase II, the focus was placed on the preparation of supervisors to: (1) transfer the knowledge and skills acquired in Phase I to their staff; and (2) provide on-going supervision support to child welfare workers.

Each workshop was conducted by experts in their respective fields (Joseph Rosenfeld, William White, Randall Webber, and Mark Sanders). A total of twenty-one (21) training sessions were held over the three years. Those trainings and schedules were:

2000-2001

June 14, 2001	Stages of Change and Motivational Interviewing
August 23-24, 2001	Advanced Substance Abuse Issues
September 27, 2001	Supervising for Optimal Effectiveness
October 24, 2001	Stages of Change and Motivational Interviewing
November 15-16, 2001	Advanced Substance Abuse Issues
December 11, 2001	Supervising for Optimal Effectiveness

2001-2002

March 15, 2002	Stages of Change and Motivational Interviewing
April 25-26, 2002	Advanced Substance Abuse Issues
May 02, 2002	Supervising for Optimal Effectiveness
June 14, 2002	Stages of Change and Motivational Interviewing
July 11-12, 2002	Advanced Substance Abuse Issues
August 6, 2002	Supervising for Optimal Effectiveness

2002-2003

November 08, 2002	Stages of Change and Motivational Interviewing
December 12-13, 2002	Advanced Substance Abuse Issues
January 17, 2003	Supervising for Optimal Effectiveness
February 03, 2003	Stages of Change and Motivational Interviewing
March 06-07, 2003	Advanced Substance Abuse Issues
April 15, 2003	Supervising for Optimal Effectiveness
May 16, 2003	Stages of Change and Motivational Interviewing
June 12-13, 2003	Advanced Substance Abuse Issues
July 11, 2003	Supervising for Optimal Effectiveness

Project Evaluation

Evaluation Objectives

Evaluation of the project was conducted by a faculty member with expertise in program evaluation from the College of Education at Illinois State University (Dr. Donald S. Kachur, Professor Emeritus of Education). Evaluation of the Project Strengthening Supervision measured two major impacts of the project, consistent with and stemming directly from the goals, benefits and results of the project training workshops:

- The extent to which child welfare supervisors became more familiar with the processes and dynamics of substance abuse screening, assessment, treatment, recovery and relapse.
- The extent to which child welfare supervisors increased their level of effectiveness in providing supervision to their staff and transferred the knowledge and skills they acquired through project workshops to case workers operating under their supervision.

Three questions guided the evaluation process: (1) Were the training sessions successfully implemented (*Did the participants like the training?*); (2) Did the training bring about change in the practical knowledge and skills of participants related to effectively managing

cases in which substance abuse is a critical issue? (*Did the participants learn from the training?*); and (3) Did the training result in on-the-job behavior changes of participants as to their facilitating the transfer for their information and competencies to their direct service staff? (*Did the participants use what they learned from their training?*).

Evaluation Activities

To assess these impacts, the project evaluator engaged in three sets of activities. Three instruments (see Appendix A – instruments) were developed and used as data for the project evaluation. They included a: (1) training workshop evaluation form; (2) knowledge pre-test/post-test instruments designed for each of the trainings; and (3) written follow-up questionnaire survey of workshop participants.

Training Workshop Evaluation

Participants completed on-site an evaluation form at the conclusion of each of the training workshops. Questions on the evaluation form fell into three categories. The first category focused on the training itself and included five questions that addressed a) usefulness of workshops in contributing to the effectiveness of participant's job; b) how well workshops were planned and organized; c) effectiveness of trainers in presenting workshops; d) value of materials distributed at workshops; and e) how well participants felt they could apply the content of the workshops to their job. Each question was scaled on a four-point Likert scale.

The second category addressed the logistics in the planning and organizing of the workshops that included reactions to location, meeting room comfort, parking, group size, training methods, and breaks. Each question was scaled on a five-point Likert scale, ranging from "1" representing "poor" rating to "5" representing "excellent" rating.

The third category were open-ended questions that focused on what participants felt what was most helpful to them from the training content or activities; what they would recommend to the trainers to improve the workshops; and whether they would recommend the workshops to other professionals with similar background and responsibilities.

Training Workshop Pre-test/Post-Testing of Participants Knowledge

Training sessions were conducted over the three years on the topics of a) *Stages of Change and Motivational Interviewing*; b) *Substance Abuse and Child Welfare: Advanced Issues for Clinical Supervisors* and c) *Supervising for Optimal Effectiveness*. Changes in participants' knowledge with respect to the training were measured through the administration of pre- and post-test training knowledge instruments at each of the training workshops. Results for participants who completed both the pre- and post-tests of knowledge were compared to determine whether participants significantly increased their knowledge as a result of participating in the training. T-tests were applied as statistical treatments to individuals who completed both a pre-test and post-test instrument.

Written Follow-up Questionnaire Survey

Participants were mailed anywhere from six weeks to three months following their training a follow-up questionnaire survey. A follow-up letter was sent one month later, as a reminder to those not initially responding, about the need for their input on the questionnaire survey. There were seven questions to the survey. The first question asked participants to provide an overall impression of how well their training prepared them to provide more effective supervision of child welfare case workers working with families in which substance abuse was identified as a major issue. The question was scaled on a four-point scale ranging from "not at all" to "very extensively."

The second question identified seven critical competencies (e.g., *"using the stages of change theory," "using motivational interviewing," "learning strategies and approaches for supervising case workers"*) that were the focus of the trainings and asked participants to indicate the extent to which each of those competencies were enhanced in helping them supervise child welfare case workers. The question on each of the seven competencies was scaled on a four-point scale ranging from "not at all" to "very extensively."

The third question asked participants to indicate what impact the training had on different current practices (e.g., teaching, applying, communicating, and assisting) in supervising child case workers. The question on each of the current practices was scaled on a four-point scale ranging from "not at all" to "very extensively."

The fourth question asked participants to identify what kinds of efforts they had undertaken on the job as a result of their training. Six options were provided for participants to check off and an open-ended section allowed participants to add any other examples.

The fifth question asked participants to reflect on their training and to rate the materials and information provided (e.g., training having clearly stated purposes and objectives; training provided information and skills that increase participants' abilities). The question on each of the four areas was scaled on a three point scale, being "very evident," "somewhat evident" and "not evident."

The sixth question asked participants what they would recommend for the future to the designers of these trainings on how to more effectively provide supervision to case workers; and the seventh question asked participants as to what they would like to see as the content of future training sessions to support their role in supervising caseworkers who deal with substance affected families

Project Results

Training Workshop Evaluation

All participants involved in project trainings were asked to complete on-site a workshop evaluation at the conclusion of training. Below is a summary of results from those evaluations.

Stages of Change and Motivational Interviewing Training (2000-2003) **(Instructors Randall Webber and Joseph Rosenfeld)**

1. How useful was this workshop in contributing to the effectiveness of your job?

Date	Not at all useful	Somewhat useful	Very useful	Highly useful
06/14/01	0 (0%)	4 (18%)	13 (59%)	5 (23%)
10/24/01	0 (0%)	0 (0%)	0 (0%)	5 (100%)
03/15/02	0 (0%)	6 (37.5%)	6 (37.5%)	4 (25%)
06/14/02	0 (0%)	2 (22.2%)	4 (44.4%)	3 (33.3%)
11/08/02	0 (0%)	1 (7%)	7 (50%)	6 (43%)
02/03/03	NA*	NA	NA	NA
05/16/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that everyone found it somewhat to highly useful, ranging from a low of 7% (somewhat useful) to a high of 100% (highly useful).

2. How well did the workshop seem to be planned and organized?

Date	Very disorganized	Somewhat disorganized	Fairly well organized	Very well organized
06/14/01	1 (5%)	0 (0%)	6 (27%)	15 (68%)
10/24/01	0 (0%)	0 (0%)	0 (0%)	5 (100%)
03/15/02	1 (0.625%)	0 (0%)	5 (31.25%)	10 (62.5%)
06/14/02	0 (0%)	0 (0%)	4 (44.5%)	5 (55.5%)
11/08/02	1 (7.2%)	0 (0%)	3 (21.4%)	10 (71.4%)
02/03/03	NA*	NA	NA	NA
05/16/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that a great majority of individuals felt it was fairly well to very well organized, except for a few individuals.

3. How effective were the trainers in presenting the workshop?

Date	Not effective	Somewhat effective	Very effective	Highly effective
06/14/01	0 (0%)	0 (0%)	11 (52.4%)	10 (47.6%)
10/24/01	0 (0%)	0 (0%)	0 (0%)	5 (100%)
03/15/02	0 (0%)	0 (0%)	11 (68.75%)	5 (31.25%)
06/14/02	0 (0%)	1 (11.1%)	6 (66.7%)	2 (22.2%)
11/08/02	0 (0%)	0 (0%)	6 (42.8%)	8 (57.2%)
02/03/03	NA*	NA	NA	NA
05/16/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants overwhelmingly found the trainers in this workshop to be very to highly effective.

4. How valuable were the distributed materials for this workshop?

Date	No value	Limited value	Mostly valuable	Highly valuable
06/14/01	0 (0%)	4 (18%)	13 (59%)	5 (23%)
10/24/01	0 (0%)	0 (0%)	1 (20%)	4 (80%)
03/15/02	0 (0%)	0 (0%)	11 (68.75%)	5 (31.25%)
06/14/02	0 (0%)	0 (0%)	8 (88.9%)	1 (11.1%)
11/08/02	0 (0%)	0 (0%)	6 (42.8%)	8 (57.2%)
02/03/03	NA*	NA	NA	NA
05/16/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants overwhelmingly found the distributed materials to be mostly to highly valuable except for some individuals who participated in the very first workshop of this series.

5. How well will you be able to apply the content of this workshop to your job?

Date	Not at applicable	Limited applicability	Mostly applicable	Highly applicable
06/14/01	0 (0%)	2 (9.5%)	12 (57.2%)	7 (33.3%)
10/24/01	0 (0%)	0 (0%)	1 (20%)	4 (80%)
03/15/02	0 (0%)	0 (0%)	11 (68.75%)	5 (31.25%)
06/14/02	0 (0%)	1 (11.1%)	5 (55.6%)	3 (33.3%)
11/08/02	0 (0%)	0 (0%)	5 (35.7%)	9 (64.3%)
02/03/03	NA*	NA	NA	NA
05/16/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants felt the content of this workshop had limited (9.5%) to high applicability (80%) to their job.

Question number 6 asked participants to evaluate the various components (advance information, location, meeting room comfort, parking, group size, training methods, and breaks) of the workshop on a scale from “poor” to “excellent.”

- For 06/14/01, the only concern by a few was meeting room comfort.
- For 10/24/01, overwhelmingly participants rated all of these components from above average to excellent.
- For 03/15/02, quite a number of people indicated that advance information about the workshop was only “average and the location was just “average” to “above average.” This group appeared to be somewhat more critical than others who had taken this particular workshop.
- For 06/14/02, meeting room comfort in terms of being too cold was cited by quite a few individuals. Overall, these components ranged from average to excellent.
- For 11/08/02, again concern like the June 14, 2002 workshop was expressed about the advance information about the workshop along with the facility being too cold, chairs uncomfortable, and no food provided.
- For 02/03/03 and 05/16/03, there were no data available to review and analyze.

Question number 7 asked participants what content or activities from this workshop did they find to be most helpful. An abbreviated summary of those open-ended comments from this series of workshops are found below:

- ✓ Theoretical framework
- ✓ Specific examples of discussed topics
- ✓ The ending regarding training for staff—applying it to staff.
- ✓ Information on motivational interviewing
- ✓ Video reviews
- ✓ Handouts
- ✓ Role playing the part of client/therapist.
- ✓ Plenty of information to generate thought and practice.
- ✓ Vignettes, practice, references.
- ✓ Experiences shared.
- ✓ Short section on implications for training.
- ✓ Understanding the change occurs in stages.

Question number 8 asked participants to make any recommendations to further improve this workshop. A sampling of open-ended responses are given below:

- ✓ Have techniques more closely related to working with child welfare clients as caseworker, not actually provider of therapy.
- ✓ Be more broad in reference to staff as not all staff are clinical therapist. Staff I supervise are case managers, not therapists.
- ✓ To offer the workshop to the department on a yearly basis.
- ✓ Offer two days of training to go into detail about each component of this training.
- ✓ Actual practice rather than/or along with tapes.
- ✓ Provide Danish and/or or soda.
- ✓ Should have food at breaks.
- ✓ Wider variety of vignettes.
- ✓ Scripts for group work.
- ✓ More detailed discussion of techniques and applications.
- ✓ We can benefit from more effective ways of advocating with our clients at different levels, courts, employment, etc.
- ✓ Refreshments, room temperature.

Question number 9 asked participants if they would recommend this workshop to other professionals with responsibilities similar to theirs.

Date	Yes	No
06/14/01	21	0
10/24/01	5	0
03/15/01	12	1
06/14/02	9	0
11/08/02	14	0
02/03/03	Na*	Na
05/16/03	Na*	Na

Advanced Substance Abuse Issues (2000-2003)
(Instructors Randall Webber and William White)

1. How useful was this workshop in contributing to the effectiveness of your job?

Date	Not at all useful	Somewhat useful	Very useful	Highly useful
08/23-24/01	0 (0%)	1 (7.1%)	4 (28.6%)	9 (64.3%)
11/15-16/01	0 (0%)	1 (16.7%)	2 (33.3%)	3 (50%)
04/25-26/02	0 (0%)	1 (7.6%)	6 (46.2%)	6 (46.2%)
07/11-12/02	0 (0%)	1 (11.1%)	3 (33.3%)	5 (55.6%)
12/12-13/02	0 (0%)	0 (0%)	3 (18.75%)	13 (81.25%)
03/06-07/03	1 (14.2%)	1 (14.2%)	3 (42.8%)	2 (28.8%)
06/12-13/03	NA*	NA	NA	NA

*Not available data

An overview of this workshop series shows that everyone found it somewhat to highly useful except for one individual, ranging from a low of 7.1% (somewhat useful) to a high of 81.25% (highly useful).

2. How well did the workshop seem to be planned and organized?

Date	Very disorganized	Somewhat disorganized	Fairly well organized	Very well organized
08/23-24/01	0 (0%)	0 (0%)	0 (0%)	14 (100%)
11/15-16/01	1 (16.7%)	0 (0%)	1 (16.6%)	4 (66.7%)
04/25-26/02	0 (0%)	0 (0%)	1 (7.7%)	12 (92.3%)
07/11-12/02	0 (0%)	0 (0%)	3 (33.3%)	6 (66.7%)
12/12-13/02	0 (0%)	0 (0%)	0 (0%)	16 (100%)
03/06-07/03	0 (0%)	0 (0%)	1 (14.3%)	6 (85.7%)
06/12-13/03	NA*	NA	NA	NA

*Not available data

An overview of this workshop series shows that a great majority of individuals felt it was fairly well to very well organized, except for one individual who felt it was "very disorganized."

3. How effective were the trainers in presenting the workshop?

Date	Not effective	Somewhat effective	Very effective	Highly effective
08/23-24/01	0 (0%)	1 (7.1%)	3 (21.4%)	10 (71.5%)
11/15-16/01	0 (0%)	0 (0%)	1 (16.7%)	5 (83.3%)
04/25-26/02	0 (0%)	1 (8.3%)	2 (16.7%)	9 (75%)
07/11-12/02	0 (0%)	0 (0%)	4 (44.4%)	5 (55.6%)
12/12-13/02	0 (0%)	0 (0%)	3 (18.75%)	13 (81.25%)
03/06-07/03	0 (0%)	1 (14.3%)	1 (14.3%)	5 (71.4%)
06/12-13/03	NA*	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants overwhelmingly found the trainers in this workshop to be somewhat (7.1%) to highly effective (83.3%).

4. How valuable were the distributed materials for this workshop?

Date	No value	Limited value	Mostly valuable	Highly valuable
08/23-24/01	0 (0%)	0 (0%)	5 (35.7%)	9 (64.3%)
11/15-16/01	0 (0%)	1 (16.7%)	1 (16.6%)	4 (66.7%)
04/25-26/02	0 (0%)	0 (0%)	6 (46.2%)	7 (53.8%)
07/11-12/02	0 (0%)	0 (0%)	3 (33.3%)	6 (66.7%)
12/12-13/02	0 (0%)	0 (0%)	5 (31.25%)	11 (68.75%)
03/06-07/03	1 (14.3%)	0 (0%)	2 (28.6%)	4 (57.1%)
06/12-13/03	NA*	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants overwhelmingly found the distributed materials to be mostly to highly valuable except for one individual who indicated they were of no value and one who indicated they were of limited value.

5. How well will you be able to apply the content of this workshop to your job?

Date	None applicable	Limited applicability	Mostly applicable	Highly applicable
08/23-24/01	0 (0%)	0 (0%)	7 (50%)	7 (50%)
11/15-16/01	0 (0%)	2 (33.3%)	2 (33.3%)	2 (33.3%)
04/25-26/02	0 (0%)	0 (0%)	7 (53.8%)	6 (46.2%)
07/11-12/02	0 (0%)	2 (22.2%)	1 (11.1%)	6 (66.7%)
12/12-13/02	0 (0%)	0 (0%)	1 (6.25%)	15 (93.75%)
03/06-07/03	1 (14.3%)	0 (0%)	4 (57.1%)	2 (28.6%)
06/12-13/03	NA*	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants felt the content of this workshop had limited (22.2%) to high applicability (93.75%) to their job, except for one participant.

Question number 6 asked participants to evaluate the various components (advance information, location, meeting room comfort, parking, group size, training methods, and breaks) of the workshop on a scale from “poor” to “excellent.” See appendix A.

- For 08/23-24/01, participants rated overwhelmingly all of the components as above average or excellent except for a number of participants who were concerned with the meeting room comfort.
- For 11/15-16/01, participants rated the components largely from above average to excellent although several indicated only as average “advance information about workshop.”
- For 04/25-26/02, participants generally rated all of the components above average or excellent, though again, there was quite a bit of concern about “advance information about workshop” not occurring very well.
- For 07/11-12/02, participants rated most components as above average, but real concern was over the “cold temperature” in the room.
- For 12/11-12/02, the two components rated lower were “location of meeting” and “meeting room comfort.” Other components were pretty much rated as “above average” to “excellent.”
- For 03/06-07/03 and 06/12-13/03, there were no data available to review and analyze.

Question number 7 asked participants what content or activities from this workshop did they find to be most helpful. An abbreviated summary of those open-ended comments from this series of workshops are found below:

- ✓ Structured-cohesiveness of content.
- ✓ Information about recovery.
- ✓ Group participation; small group participation; eliciting questions and feedback from the group.
- ✓ Updated studies on cocaine-exposed babies and discussion regarding methamphetamines and relapse prevention.
- ✓ Understanding LDC assessment issues and working with families.
- ✓ Handouts presented made it easy to follow along and participate.
- ✓ ASAM levels of care.
- ✓ Great explanations by the trainers-group discussions.
- ✓ Information on recovery.
- ✓ Reviewing the co-morbidity aspects and to see how my clients get the diagnosis of borderline, depression and bipolar.
- ✓ Discussing possible interventions during/for different recovery of post-treatment situations.
- ✓ Application of research to intervention.
- ✓ Application to foster care and gender specific information.
- ✓ Factual information on the whole picture of recovery for women.
- ✓ This workshop should be open to CWS and AOD workers.
- ✓ Substance abuse research.
- ✓ The spontaneous discussion/stories that diverged from the written material.

Question number 8 asked participants to make any recommendations to further improve this workshop. A sampling of open-ended responses are given below:

- ✓ More on timing of interventions.
- ✓ Look at when children remain in the home, rather than just custody being taken, with regard to substance abuse and recovery.
- ✓ More application to specific child welfare case studies.
- ✓ Handouts were helpful; would be more helpful if there were more content...I found myself writing material down which drew my attention from the two speakers.
- ✓ More focus on family treatment.
- ✓ This should be training for all DCFS staff, especially the workers.
- ✓ More information on how to impact lawmakers, judges re: realistic expectations of addiction issues, how to preserve family.
- ✓ Warmer room.
- ✓ Bibliography.
- ✓ Practice sessions/time to develop safety plans using case narratives; practice sessions/time to develop court report which incorporates recovery information vs. permanency.

Question number 9 asked participants if they would recommend this workshop to other professionals with responsibilities similar to theirs.

Date	Yes	No
08/23-24/01	14	0
11/15-16/01	5	0
04/25-26/02	13	0
07/11-12/02	8	1
12/12-13/02	16	0
03/06-07/03	Na*	Na
06/12-13/03	Na*	Na

Supervising for Optimal Effectiveness (2000-2003)
(Instructor Mark Sanders)

1. How useful was this workshop in contributing to the effectiveness of your job?

Date	Not at all useful	Somewhat useful	Very useful	Highly useful
09/27/01	0 (0%)	1 (8.3%)	4 (33.3%)	7 (58.4%)
12/11/01	0 (0%)	0 (0%)	1 (20%)	4 (80%)
05/02/02	0 (0%)	0 (0%)	1 (7.7%)	12 (92.3%)
08/06/02	0 (0%)	1 (14.3%)	5 (71.4%)	1 (14.3%)
01/17/03	NA*	NA	NA	NA
04/15/03	NA	NA	NA	NA
07/11/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that everyone found it somewhat (8.3%) to highly useful (92.3%).

2. How well did the workshop seem to be planned and organized?

Date	Very disorganized	Somewhat disorganized	Fairly well organized	Very well organized
09/27/01	0 (0%)	0 (0%)	1 (8.3%)	11 (91.7%)
12/11/01	0 (0%)	0 (0%)	0 (0%)	5 (100%)
05/02/02	0 (0%)	1 (7.7%)	0 (0%)	12 (92.3%)
08/06/02	0 (0%)	0 (0%)	2 (28.6%)	5 (71.4%)
01/17/03	NA*	NA	NA	NA
04/15/03	NA	NA	NA	NA
07/11/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that a great majority of individuals felt it was fairly well to very well organized, except for one individual who indicated it was "somewhat disorganized."

3. How effective were the trainers in presenting the workshop?

Date	Not effective	Somewhat effective	Very effective	Highly effective
09/27/01	0 (0%)	0 (0%)	3 (25%)	9 (75%)
12/11/01	0 (0%)	0 (0%)	0 (0%)	13 (100%)
05/02/02	0 (0%)	1 (8.3%)	2 (16.7%)	9 (75%)
08/06/02	0 (0%)	0 (0%)	1 (16.7%)	5 (83.3%)
01/17/03	NA*	NA	NA	NA
04/15/03	NA	NA	NA	NA
07/11/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants overwhelmingly found the trainers in this workshop to be somewhat (8.3%) to highly effective (100%).

4. How valuable were the distributed materials for this workshop?

Date	No value	Limited value	Mostly valuable	Highly valuable
09/27/01	0 (0%)	0 (0%)	6 (50%)	6 (50%)
12/11/01	0 (0%)	0 (0%)	0 (0%)	5 (100%)
05/02/02	0 (0%)	0 (0%)	1 (7.7%)	12 (92.3%)
08/06/02	0 (0%)	0 (0%)	2 (28.6%)	5 (71.4%)
01/17/03	NA*	NA	NA	NA
04/15/03	NA	NA	NA	NA
07/11/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants overwhelmingly found the distributed materials to be mostly (7.7%) to highly valuable (100%).

5. How well will you be able to apply the content of this workshop to your job?

Date	None applicable	Limited applicability	Mostly applicable	Highly applicable
09/27/01	0 (0%)	0 (0%)	7 (58.3%)	5 (41.7%)
12/11/01	0 (0%)	0 (0%)	1 (20%)	4 (80%)
05/02/02	0 (0%)	0 (0%)	0 (0%)	13 (100%)
08/06/02	0 (0%)	0 (0%)	6 (85.7%)	1 (14.3%)
01/17/03	NA*	NA	NA	NA
04/15/03	NA	NA	NA	NA
07/11/03	NA	NA	NA	NA

*Not available data

An overview of this workshop series shows that participants felt the content of this workshop was mostly applicable (20%) to high applicability (100%) to their job.

Question number 6 asked participants to evaluate the various components (advance information, location, meeting room comfort, parking, group size, training methods, and breaks) of the workshop on a scale from “poor” to “excellent.” See appendix A.

- For 09/27/01, participants rated the various components of the workshop from above average to excellent, although a number of participants rated “advance information about the workshop” as only “average.”
- For 12/11/01, overwhelmingly participants rated all of these components from “above average” to “excellent.”
- For 05/02/02, participants rated most of the components from “above average” to “excellent,” though a few expressed concern with “meeting room comfort” and “parking.”
- For 08/06/02, participants rated the various components of the workshop from “above average” to “excellent,” although a number of participants rated “meeting room comfort” only as “average” and several rated “location of workshop” as only “average.”
- For 01/17/03, 04/15/03 and 07/11/03, there were no data available to review and analyze.

Question number 7 asked participants what content or activities from this workshop did they find to be most helpful. An abbreviated summary of those open-ended comments from this series of workshops are found below:

- ✓ Supervision issues around individual staff members.
- ✓ Case vignettes.
- ✓ Handouts.
- ✓ Information given regarding boundary issues, ways to help staff.
- ✓ Small group exercises.
- ✓ Trainer’s ability to let others (audience) be involved as well as giving real life situations and examples of how to work with employees/clients.
- ✓ The personal sharing and interactions conducted in small groups.
- ✓ Information on methods.
- ✓ Team building.
- ✓ Meaningful stories that related to the information presented.
- ✓ Small group activities were fun and useful and broke up all the lecture time.
- ✓ Group discussions.

Question number 8 asked participants to make any recommendations to further improve this workshop. A sampling of open-ended responses are given below:

- ✓ Offer to more groups.
- ✓ Spend more than one day on supervising for maximum effectiveness.
- ✓ Bring in to the whole DCFS...really advocate for these workshops to be a part of worker training.
- ✓ Need larger audience to do presentation for workers/supervisors.
- ✓ Go through the information a little slower.
- ✓ Do it again! Talk a little more about cultural sensitivity. Talk about ways to deal with court, DCFS, providers, etc.

Question number 9 asked participants if they would recommend this workshop to other professionals with responsibilities similar to theirs.

Date	Yes	No
09/27/01	12	0
12/11/01	5	0
05/02/02	13	0
08/06/02	6	1
01/17/03	Na*	Na
04/15/03	Na*	Na
07/11/03	Na*	Na

Knowledge: Pre-Test/PostTest

The knowledge pre-test/post-test assessments and follow-up written questionnaire surveys were focused on determining whether the project's training efforts brought about a change in the knowledge and behaviors of the participants with respect to the training objectives.

Changes in participants' knowledge with respect to the training were measured through the administration of pre- and post-test training knowledge instruments. Results for each participant who completed both the pre- and post-tests of knowledge were compared to determine whether participants significantly increased their knowledge as a result of participating in the training.

T-tests were applied as statistical treatments (See Appendix B) to individuals who completed both a pre-test and post-test instrument. The following t-test results were calculated.

2000-2001 Project Year (Table One)

Training Date	Training Topic	Significance $p < .005$
June 14, 2001	Stages of Change and Motivational Interviewing	.000
August 23-24, 2001	Advanced Substance Abuse Issues	.000
September 27, 2001	Supervising for Optimal Effectiveness	.003
October 24, 2001	Stages of Change and Motivational Interviewing	Not sufficient data supplied
November 15-16, 2001	Advanced Substance Abuse Issues	.229
December 11, 2001	Supervising for Optimal Effectiveness	.456

In review of the pre-test and post-test instruments from the project, three of the trainings in 2000-2001 (shaded areas under significance) showed significant knowledge increases in tested individuals as a result of the training sessions.

2001-2002 Project Year (Table Two)

Training Date	Training Topic	Significance " p<.005
March 15, 2002	Stages of Change and Motivational Interviewing	.000
April 25-26, 2002	Advanced Substance Abuse Issues	.040
May 02, 2002	Supervising for Optimal Effectiveness	.008
June 14, 2002	Stages of Change and Motivational Interviewing	.001
July 11-12, 2002	Advanced Substance Abuse Issues	.015
August 06, 2002	Supervising for Optimal Effectiveness	.886

In review of the pre-test and post-test instruments from the project, two of the trainings in 2001-2002 (shaded areas under significance) showed significant knowledge increases in tested individuals as a result of the training sessions.

2002-2003 Project Year (Table Three)

Training Date	Training Topic	Significance p<.005
November 08, 2002	Stages of Change and Motivational Interviewing	.021
December 12-13, 2003	Advanced Substance Abuse Issues	.000
January 17, 2003	Supervising for Optimal Effectiveness	No data available
February 05, 2003	Stages of Change and Motivational Interviewing	No data available
March 6-7, 2003	Advanced Substance Abuse Issues	No pre-test data available
April 15, 2003	Supervising for Optimal Effectiveness	No data available
May 16, 2003	Stages of Change and Motivational Interviewing	No data available
June 12-13, 2003	Advanced Substance Abuse Issues	No data available
July 11, 2003	Supervising for Optimal Effectiveness	No data available

In review of the pre-test and post-test instruments from the project, two of the trainings in 2002-2003 (shaded areas under significance) showed significant knowledge increases in tested individuals as a result of the training sessions. Pre-test/post-test data was not available for review and analysis for remaining training sessions conducted in 2003.

Written Follow-up Questionnaire Survey

The written follow-up questionnaire survey was mailed to participants of workshops approximately six weeks to three months following the conclusion of each training year. A second follow-up letter was sent one month later to remind those who had not responded to the original survey mailing that they could still respond. The purpose of the survey was to determine from the perceptions of participants what knowledge and skills they were able to apply to their work as a result of attending one or more of the training workshops.

For 2000-2001, thirty-five questionnaire surveys were mailed of which 16 or 45.7% were returned. For 2001-2002, twenty-five questionnaires were mailed of which 6 or 24% were returned. For 2002-2003 forty questionnaire surveys were mailed of which 17 or 42.5% were returned.

For 2000-2001, a summary of results for each of the three years follow-up are summarized below:

1. How well would you say the Project Strengthen training session(s) you attended prepared you to provide more effective supervision of child welfare case workers who are working with families in which substance abuse has been identified as a major issue?

Project Year	Very extensively	Extensively	Slightly	Not at all
Year One	3	9	3	0
Year Two	2	3	1	0
Year Three	3	11	2	0

2. As a result of the training session(s) you attended, to what extent were the following competencies enhanced for you in supervising child welfare case workers?

Competencies	Not at all			Slightly			Extensively			Very Extensively		
	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3
Using the stages of change theory.	0	0	1	5	1	5	10	4	9	1	1	1
Using motivational interviewing.	0	0	0	6	2	4	8	3	9	2	1	2
Understanding the ASAM Patient Placement Criteria & the reasons for its use.	1	1	1	5	1	7	7	4	6	3	0	2
Understanding the implications of prenatal exposure to illicit drugs.	0	0	1	6	1	6	8	3	7	2	2	2
Working more effectively w/the AODA treatment provider in relapse prevention or continuing care plan.	1	1	1	4	2	5	8	2	9	3	1	1
Identifying recovery resources available to the client and monitoring their progress in treatment.	1	1	0	7	2	8	5	2	8	2	1	1
Learning additional strategies and approaches for supervising case workers.	0	0	0	3	2	5	8	2	6	4	2	6
Total:	10 (3.8%)			87 (32.8%)			128 (48.3%)			40 (15.1%)		

3. To what extent has your experience from this training impacted your current practice(s) in supervising child case workers?

Current Work Practices Impacted	Not at all			Slightly			Extensively			Very Extensively		
	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3
Teaching supervised caseworkers about stages of change and motivational interviewing.	0	0	1	11	3	7	3	2	7	2	0	1
Applying more strategies and approaches in supervising caseworkers.	0	0	1	8	1	5	7	3	9	1	1	2
Communicating more effectively with individuals under my supervision.	1	0	2	6	0	4	8	3	10	1	2	1
Helping staff to better monitor client's progress in treatment.	2	0	1	3	1	7	10	2	6	1	2	3
Assisting caseworkers in identifying a wider range of recovery resources.	2	0	2	3	1	9	10	4	4	1	0	2
Total:	12 (6.3%)			69 (36.5%)			88 (46.6%)			20 (10.6%)		

4. As a result of your participation in the Project Strengthening Supervision training session(s), which efforts below have you undertaken?

Efforts Undertaken as a Result of Training	Year One	Year Two	Year Three	Total
Recommended that other supervisors at my agency attend these workshops.	11	2	10	23
Read the handout material provided at the workshop(s).	14	5	12	31
Obtained/read recommended reading material (e.g., Stages of Change and Motivational Interviewing).	4	2	4	10
Read information from other sources about child-maltreatment and substance abuse.	7	2	4	13
Shared information from workshop(s) with caseworkers under my supervision.	15	5	14	34
Recommended changes in the practices and policies of our agency toward issues of addressing child maltreatment.	0	0	4	4

Year One write-in responses to Question #4: "Department training for all foster care staff." "Focused on the understanding that recovery is a process."

There were no write-in responses to Question #4 from Year Two respondents. Year Three write-in responses to Question #4: *"Brought this discrepancy up in court."* *"Arranged a training for my staff...I will train them about some of the items learned in the workshop."*

5. Now that you have had a chance to reflect and use the materials and information presented at the training(s), how would you rate overall the training on the following scale?

Statement	Very evident			Somewhat evident			Not evident		
	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3	Yr 1	Yr 2	Yr 3
Training has clearly stated purposes and objectives.	14	4	15	2	2	1	0	0	0
Training sessions organized as such that I could see how concepts and skills were related to each other.	15	5	14	1	1	2	0	0	0
Training provided overview of approaches and practices in supervising caseworkers.	11	4	11	4	1	5	1	0	0
Training provided information & skills that increased your ability to work with families in which substance abuse is a major issue.	12	3	13	3	2	3	0	0	0
Total:	123 (81.5%)			27 (17.9%)			1 (0.6%)		

6. What would you recommend to the designers of these training sessions to consider in developing future training that addresses how to more effectively provide supervision to case workers?

Year One Recommendations	Year Two Recommendations	Year Three Recommendations
<ul style="list-style-type: none"> ➤ I would recommend maybe a 6-month follow-up, one-day training to update, evaluate, etc. ➤ It may be beneficial to understand the DCFS timeframes for supervision and workload expectations. Supervisors are suppose to have weekly supervision with staff. ➤ Maybe get some real life sample cases that attendees provide to use in training. ➤ Less time between sessions. ➤ Have more follow-up resources for workers. ➤ Get court involvement. ➤ I like the concept of an ongoing time for supervisors to meet to problem solve and staff cases to further learn from each other. ➤ Should be provided quarterly and opened to interested staff caseworkers who deal directly with the clients. Especially senior staff or mastered level staff who often supervise. ➤ To understand how difficult it is for child welfare supervisors to attend all the sessions. The intent may be there, but due to the nature of child welfare—good intentions don't always allow attendance. ➤ This training and my greater understanding of substance abuse, recovery, and stable recovery is tremendously helpful in providing supervision to staff in terms of their understanding. The dilemma lies in the time frames for achieving permanency for children being at odds with the timeframes for getting to stable recovery. ➤ Include supervisors who have direct responsibility for case workers with primary case management responsibilities invited. In your invitations-indicate the main focus as being regarding substance affected families. 	<p>No recommendations provided on returned questionnaires.</p>	<ul style="list-style-type: none"> ➤ Use of video examples most helpful. ➤ Continue the format; use these presenters again, especially Mark Sanders. ➤ You could offer the training to co-workers. ➤ I believe spacing the training out as you did, over 3 months was very beneficial to integrate into everyday work situations. ➤ More techniques like the motivational interviewing. ➤ Please clearly label the workshop according to the actual content contained in the workshop. There was some confusion on my part regarding the 3rd session of the three workshops. ➤ Provide trainings throughout the year and at different locations—one in central region would be good. ➤ The training should be open to all supervisory personnel. The problem of drug abuse is found in all cases coming into the department. ➤ Developing empathy for biological and foster parents. ➤ Stress management. ➤ Training was well organized. However, this supervisor was not able to utilize motivational interviewing techniques because of the workload. ➤ Seemed heavily focused on therapeutic approaches with clients. Not realistic with caseworkers to do therapy.

7. What would you like to see as content of future training sessions to support your role in supervising caseworkers who deal with substance affected families?

Year One Recommendations	Year Two Recommendations	Year Three Recommendations
<ul style="list-style-type: none"> ➤ This type of training should be given to the caseworkers. If would benefit them a lot and will alleviate some of their frustrations in dealing with this certain difficult clientele. ➤ All supervisors should attend this training as well. ➤ Training focused more on juvenile treatment. ➤ Keep the same content, just update as new information comes in. ➤ The most difficult part for a caseworker is supporting the family when the judicial system has the mindset of punishment under the auspices of child safety. ➤ This training needs to be given to those in decision making roles at court, SAO, GAL, public defenders, judges! ➤ More material on how to effectively help families cope. ➤ How to know when parents are using. ➤ Monitoring client's progress in treatment and how to support (advocate) the client in court if there is a period of relapse. ➤ Developing case plans with families in the event of relapse. ➤ I would also like to see more of a discussion regarding co-morbidity with other mental health disorders that are impacting clients and their families. 	<p>No recommendations provided on returned questionnaires.</p>	<ul style="list-style-type: none"> ➤ Continue to present latest research on treatment effectiveness. ➤ More training regarding family system and how substance abuse affects the family across generations. ➤ More direct fetal alcohol work including teaching families about the harm in having a fetal alcohol baby. ➤ It was difficult obtaining the CEUs. Please work on smoothing out this process. ➤ More on relapse—what to do when clients relapse. ➤ How to write effective reports and reflect treatment progress and relapse. ➤ Training on (1) how to deal with today's youth affected in the families; (2) how families should deal with other family members in treatment; and 3) how to deal with clients when they won't come back/not invested. ➤ More resource information.

Project Discussion/Conclusions (Project Years 2000-2003)

The overall purpose of *Project Strengthening Supervision* was to provide child welfare supervisors, responsible for the functioning of direct service staff, (1) the practical knowledge and skills related to effectively managing cases in which substance abuse is a critical issue; and (2) assist them in developing a training style that will facilitate their transfer of information and competencies to their direct service staff. This involved the delivery of 21 training sessions on three topical areas:

- 1) *Using Stages of Change Theory and Motivational Interviewing with Substance-Affected Families;*
- 2) *Substance Abuse and Child Welfare: Advanced Issues for Clinical Supervisors;*
- 3) *Creative Clinical Supervision for Child Welfare Professionals.*

Originally proposed to deliver training to a maximum of 120 child welfare supervisors over a three-year period, a minimum of 100 child welfare supervisors participated in the project.

Based on the overall purpose, scope, and objectives of the evaluation, and on review of the written project description and discussions with the project personnel, the following three questions guided the evaluation process:

- 2) Were the training sessions successfully implemented? (*Did the participants like the training?*);
- 3) Did the training bring about change in the practical knowledge and skills of participants related to effectively managing cases in which substance abuse is a critical issue? (*Did the participants learn from the training?*); and
- 4) Did the training result in on-the-job behavior changes of participants as to their facilitating the transfer for their information and competencies to their direct service staff? (*Did the participants use what they learned from their training?*).

The following conclusions about *Project Strengthening Supervision* could be made in response to three guiding evaluative questions.

- 1) Were the training sessions successfully implemented? (*Did the participants like the training?*)

Feedback from the training workshop evaluation forms (see pages 12-20) over the three years of the project would indicate that a significant majority of participants involved found *Project Strengthening Supervision* to be “very useful” to “highly useful” in contributing to their job effectiveness; that the training sessions were “fairly well” to “very well” planned, organized, and delivered; the trainers were overwhelmingly seen as “very effective” to “highly effective” in their knowledge and training delivery; the training materials were seen to be “mostly valuable” to “highly valuable”; and the content of the training sessions were rated as “mostly applicable” to “highly applicable” to their job activities.

There were some concerns in some of the trainings about the advance information made available on the training sessions; on meeting room comfort where often the complaint was “being too cold”; and on parking availability at some training sites. Overall, sizes of training groups, training methods, credits awarded for attendance, and breaks were seen with higher positive responses.

What appeared to be highlighted by many participants as to what they liked in the trainings were the large and small group participation activities/exercises; opportunities to ask questions; use of videos; case studies or vignettes; personal stories by trainers, real-life experiences or work-related scenarios; real-life applications; written handouts; role playing, and references.

One question asked of all participants was whether they would recommend the training workshops to other professionals with similar job responsibilities. As for the workshop, **“Stages of Change and Motivational Interviewing Training,”** 61 of 62 individuals who responded to this question, or 98.3% answered that they would recommend this particular workshop (see page 14). As for the workshop, **“Advanced Substance Abuse Issues,”** 56 of the 57 individuals who responded to this question, or 98.2%, answered that they would recommend this particular workshop (see page 17). As for the workshop, **“Supervising for Optimal Effectiveness,”** 36 of the 37 who responded to this question, or 97.3%, answered that they would recommend this particular workshop (see page 20). Thus, it can be summarized from the above question that participants overwhelmingly would recommend these workshops to other professionals with similar job responsibilities.

- 2) Did the training effort bring about change in the practical knowledge and skills related to effectively managing cases in which substance abuse is a critical issue? (Did the participants learn from the training?)?

The knowledge pre-test/post-test assessments and follow-up written questionnaire surveys were focused on determining whether the project’s training efforts brought about a change in the knowledge and behaviors of the participants. In other words, to what extent did the child welfare supervisors become more familiar with the processes and dynamics of substance abuse screening, assessment, treatment, recovery and relapse? Changes in participants’ knowledge with respect to the training were measured through the administration of pre- and post-test instruments. Results for each participant who completed both the pre- and post-tests of knowledge were compared to determine whether participants significantly increased their knowledge as a result of participating in the training.

T-tests were applied as statistical treatments to individuals who completed BOTH a pre-test and post-test instrument. The t-test results were calculated.

2000-2001 Project Year (Table One)

Training Date	Training Topic	Significance $p < .005$
June 14, 2001	Stages of Change and Motivational Interviewing	.000
August 23-24, 2001	Advanced Substance Abuse Issues	.000
September 27, 2001	Supervising for Optimal Effectiveness	.003
October 24, 2001	Stages of Change and Motivational Interviewing	Not sufficient data supplied
November 15-16, 2001	Advanced Substance Abuse Issues	.229
December 11, 2001	Supervising for Optimal Effectiveness	.456

In review of the pre-test and post-test instruments from the project, three of the trainings in 2000-2001 (shaded areas under significance) showed significant knowledge increases in tested individuals as a result of the training sessions.

2001-2002 Project Year (Table Two)

Training Date	Training Topic	Significance " p<.005
March 15, 2002	Stages of Change and Motivational Interviewing	.000
April 25-26, 2002	Advanced Substance Abuse Issues	.040
May 02, 2002	Supervising for Optimal Effectiveness	.008
June 14, 2002	Stages of Change and Motivational Interviewing	.001
July 11-12, 2002	Advanced Substance Abuse Issues	.015
August 06, 2002	Supervising for Optimal Effectiveness	.886

In review of the pre-test and post-test instruments from the project, two of the trainings in 2001-2002 (shaded areas under significance) showed significant knowledge increases in tested individuals as a result of the training sessions.

2002-2003 Project Year (Table Three)

Training Date	Training Topic	Significance p<.005
November 08, 2002	Stages of Change and Motivational Interviewing	.021
December 12-13, 2003	Advanced Substance Abuse Issues	.000
January 17, 2003	Supervising for Optimal Effectiveness	No data available
February 05, 2003	Stages of Change and Motivational Interviewing	No data available
March 6-7, 2003	Advanced Substance Abuse Issues	No pre-test data available
April 15, 2003	Supervising for Optimal Effectiveness	No data available
May 16, 2003	Stages of Change and Motivational Interviewing	No data available
June 12-13, 2003	Advanced Substance Abuse Issues	No data available
July 11, 2003	Supervising for Optimal Effectiveness	No data available

In review of the pre-test and post-test instruments from the project, two of the trainings in 2002-2003 (shaded areas under significance) showed significant knowledge increases in tested individuals as a result of the training sessions. Pre-test/post-test data was not available for review and analysis for remaining training sessions conducted in 2003.

In review of all three years' data, it appeared that the *Stages of Change and Motivational Interviewing* workshop provided consistently significant participant knowledge growth from pre-Final Evaluation Report
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test to post-test. Several problems arose with making comparisons with the other trainings. For example, some of the sessions' pre- and/or post-test data were not available to analyze; and in other cases there were an insufficient number of usable pre- and post-tests available to make any statistical treatment meaningful.

- 3) Did the training result in on-the-job behavior changes of participants as to their facilitating the transfer for their information and competencies to their direct service staff? (*Did the participants use what they learned from their training?*).

The attempt to assess transfer of learning to application on the job was gathered from self-reporting of participants on the follow-up written questionnaire survey. In other words, to what extent did the child welfare supervisors increase their level of effectiveness in providing supervision to their staff and transfer the knowledge and skills they acquired through project workshops to case workers operating under their supervision?

Reported here are a summary of the results of the survey conducted for the three years of the project. On the basis of results from the questionnaire survey of participants' self-reporting over the three-year period of the project, nearly twenty percent (19.4%) of the respondents indicated that the training sessions prepared them **very extensively** in providing more effective supervision of child welfare case workers who are working with families in which substance abused has been identified as a major issue; 63.9% of those responding indicated that it prepared them extensively; and 16.7% reported that it prepared them only **slightly**. No one indicated that the training "not at all" prepared them. (See page 22).

A second question asked participants to reflect on the extent the training enhanced their competencies in seven different areas (see page 23) for supervising child welfare workers. Over 63% (63.4%) felt that their competencies in the seven areas with either "extensively" or "very extensively" enhanced. Nearly thirty-three percent (32.8%) said that their competencies were "slightly" enhanced, where by nearly four percent (3.8%) indicated that their competencies were "not at all" enhanced. One competency area most enhanced appeared to be "learning additional strategies and approaches for supervising case workers." More participants marked "very extensively" for that item than for any other and no one mentioned "not at all" for that item.

When asked in question number three (see page 24) *the extent to which their experience from the training impacted their current practices in supervising child case workers*, slightly over ten percent (10.6%) indicated "very extensively"; (46.6%) indicated that it impacted their current practices "extensively," whereas 36.5% indicated that the impact was "slightly extensive" and another 6.3% said "not at all." It is interesting to note that, although a large number of participants responded to question #2 (page 23), that their competencies for "using the stages of change theory" and "using motivational interviewing" were enhanced "extensively" as a result of the training, they indicated that the impact of that knowledge on their current practices in supervising child case workers was only "slightly extensive" (page 24).

Participants were asked in question number four (see page 24) what efforts were undertaken in the workplace as a result of their training. The results were:

- 23 respondents recommended that other supervisors at their agency attend the same kind of workshops.
- 31 respondents read the handout material provided at the workshops.
- 10 respondents obtained and/or read recommended reading material, particularly on the Stages of Change and Motivational Interviewing).

- 13 respondents read information from other sources about child-maltreatment and substance abuse.
- 34 respondents shared information from the workshops with caseworkers under their supervision.
- Four respondents indicated that they recommended changes in the practices and policies of their agency toward issues of addressing child maltreatment.

It would appear that the transfer of learning was primarily in the form of reading the handout material from the workshops and sharing information with caseworkers under the supervisor's responsibility. A number of respondents recommended the workshop to other supervisors at their agency which reveals the value they attached to their experience in attending.

Asking participants in question number five (see page 25) to reflect on the information and materials presented at the training, 86.8% of those responding indicated that it was **very evident** that the training had clearly stated purposes and objectives, whereas the other 13.2% who responded indicated that the training purposes and objectives were **somewhat evident**. Also, 89.5% of the attendees indicated that it was **very evident** to them as to how the concepts and skills of the training sessions were related to each other; 10.5% of the respondents indicated that it was **very evident** that the training provided an overview of approaches and practices in supervising caseworkers; 70.2% of the respondents indicated that it was "very evident" that the training provided overview of approaches and practices in supervising caseworkers whereas another 27% indicated that it was "somewhat evident" and one respondent (2.7%) indicated that it was "not evident." Finally, 77.8% of the respondents indicated that the training was **very evident** in providing information and skills that increased their ability to work with families in which substance abuse is a major issue whereas, another 22.2% indicated that it was "slightly evident."

Overall, when compiling the results to question number five, 123 or 81.5% of the respondents rated as "very evident" the overall training, 27 or 17.9% as "somewhat evident," and only one, 0.6% as "not evident."

Recommendations

Based on a careful analysis of the evaluative data collected, the following recommendations are made regarding this program and subsequent programs of follow-up to this type of training.

1. Logistical planning for training sessions that includes providing advanced information on available training sessions, meeting room comfort, and parking availability need to be carefully considered.
2. Training strategies should continue and even expand in terms large and small group participation activities/exercises; opportunities to ask questions; use of videos; case studies or vignettes; personal stories by trainers, real-life experiences or work-related scenarios; real-life applications; written handouts; role playing, and bibliographic references.
3. Training should continue to be spaced over several months so that participants can have the opportunity to integrate their learning into everyday work situations.

4. This form of training should be offered to child welfare caseworkers in addition to supervisors as well as for those in decision-making roles like the courts, public defenders, judges, and physicians.
5. Project personnel should continue to research and offer more proven-to-be-effective techniques in future training like “motivational interviewing” and “stages of change” theories.
6. Project administrators need to ensure that a larger number of participants complete the workshop evaluations and both pre- and post-test instruments so matched pairs can be compared for statistical analysis.
7. Project administrators should work toward the validation of pre-test and post-tests to determine that knowledge is being acquired by participants within the training sessions in which they participate.
8. Follow-up strategies (e.g., study groups, web discussion boards, internet chat rooms, half day seminars) should be explored and offered that enable participants to receive feedback to their efforts to transfer learning from the training sessions to their current work in supervising caseworkers.
9. More effort needs to be emphasized among participants in the training to promote changes in the practices and policies of their agency where they are not being as effective in child welfare and substance abuse.
10. Long-term evaluation should look at whether the training provided to child welfare caseworkers by their supervisors are actually ensuring the safety, health and well-being of children within substance affected families.

In summary, the project appeared to meet the goals as identified in the grant proposal. The training curriculum, instructional methodology used by the trainers, as well as the general approach of providing numerous opportunities for individuals over several spaced training sessions to engage in intensive interaction, discussion and collaboration in a setting away from daily activities and pressures all hold great promise for replication in other substantive settings and involving other types of clientele.

Appendix A

Evaluation Instruments

- **Participant Workshop Evaluation**
- **Pre-Tests/Post-Tests**
 - ✓ *Using Stages of Change Theory and Motivational Interviewing with Substance-Affected Families*
 - ✓ *Substance Abuse and Child Welfare: Advanced Issues for Clinical Supervisors*
 - ✓ *Creative Clinical Supervision for Child Welfare Professionals.*
- **Written Questionnaire Survey**

Project Strengthening Supervision

Participant Workshop Evaluation

Workshop: _____

Date: _____ Trainers: _____

1. How useful was this workshop in contributing to the effectiveness of your job?
 - a. Not at all useful
 - b. Somewhat useful
 - c. Very useful
 - d. Highly useful
2. How well did the workshop seem to be planned and organized?
 - a. Very disorganized in planning and organization
 - b. Somewhat disorganized in planning and organization
 - c. Fairly well organized and planned
 - d. Very well organized and planned
3. How effective were the trainers in presenting the workshop?
 - a. Not effective
 - b. Somewhat effective
 - c. Very effective
 - d. Highly effective
4. How valuable were the distributed materials for this workshop?
 - a. No value
 - b. Limited value
 - c. Mostly valuable
 - d. Highly valuable
5. How well will you be able to apply the content of this workshop to your job?
 - a. None of it is applicable
 - b. Very limited applicability
 - c. Mostly applicable
 - d. Highly applicable

(OVER)

6. Please circle the appropriate number as to how you would evaluate each of the following components of the workshop.

Poor	Excellent			Average	
	5	4	3	2	1
Advance information about workshop	5	4	3	2	1
Location of meeting	5	4	3	2	1
Meeting room comfort (space, lighting, temperature, etc.)	5	4	3	2	1
Parking	5	4	3	2	1
Group Size	5	4	3	2	1
Training Methods	5	4	3	2	1
Breaks	5	4	3	2	1

7. What content or activities from the workshop did you find to be most helpful to you?

8. What would you recommend to the trainers to further improve this workshop?

9. Would you recommend this workshop to other professionals with responsibilities similar to yours? Yes ____ No

10. What other comments would you like to provide the organizers and trainers about this workshop?

Pre-Test/Post-Test Stages of Change and Motivational Interviewing

Name _____ Date: _____

1. Which of these are phases identified in Trans-theoretical Stages of Change Research?
 - ☐ Surrender
 - ☐ Action
 - ☐ Precontemplation
 - ☐ All of the Above
 - ☐ **B and C**
2. Direct confrontation of client denial is an important part of Miller & Rollnick's Motivational Interviewing process.
 - ☐ True
 - ☐ **False**
3. The first principle of motivational interviewing is:
 - ☐ Support self-efficacy
 - ☐ Avoid argumentation
 - ☐ **Express empathy**
 - ☐ Develop discrepancy
4. Support for the person who is attempting to change their behavior tends to be strong during the period of contemplation.
 - ☐ True
 - ☐ **False**
5. By the time a person has reached the preparation stage, all ambivalence regarding the change s/he wants to make has been resolved.
 - ☐ True
 - ☐ **False**
6. The acronym "FRAMES" stands for:
 - ☐ **Feedback, responsible, advice, menu, empathy, self-efficacy**
 - ☐ Feedback, reframing, advice, management, evaluation, self-reliance
 - ☐ Feedback, reevaluation, accessibility, mirroring, empathy, selection
7. Clients in the contemplation stage plan to make a change within the next:
 - ☐ Three months
 - ☐ **Six months**
 - ☐ Twelve months
 - ☐ Two week

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8. Not all successful clients will reach the termination stage.
- ☐ **True**
 - ☐ False
9. A key issue in motivational interviewing is that the client needs to be motivated before the process begins.
- ☐ True
 - ☐ **False**
10. Clients do not always progress through the stages of change in a predictable manner.
- ☐ **True**
 - ☐ False
11. All addicted clients in the precontemplation stage are “in denial.”
- ☐ True
 - ☐ **False**
12. During the precontemplation and contemplation stages, no real change is taking place.
- ☐ True
 - ☐ **False**
13. Confrontation can be part of motivational interviewing.
- ☐ **True**
 - ☐ False
14. During which of the stages of change does a client feel that the pros of changing roughly equal to the cons?
- ☐ Precontemplation
 - ☐ **Contemplation**
 - ☐ Preparation
 - ☐ Action
15. The best strategy when practicing motivational interviewing is to ask questions that elicit “yes” or “no” responses or other short answers.
- ☐ True
 - ☐ **False**

Pre-Test/Post-Test
Advanced Substance Abuse Issues

Name: _____ Date: _____

1. Substance abuse relapse always occurs when the individual in question begins alcohol or other drug use again after a period of abstinence.
☐ True
☐ **False**
2. The assumption or return of parental effectiveness usually occurs in the early stage of recovery.
☐ True
☐ **False**
3. Serious physical symptoms are part of methamphetamine withdrawal.
☐ True
☐ **False**
4. Quantum change is characterized by the lack of intentionality, vividness, and permanence.
☐ **True**
☐ False
5. Which of the following is not one of the six ASAM assessment dimensions?
☐ Readiness to change
☐ **Legal barriers**
☐ Recovery/living environment
☐ Biomedical conditions and complications
6. Natural recovery refers to one's innate biological capacity for addiction recovery.
☐ True
☐ **False**
7. Several medications have been found to be successful in reducing cocaine relapse.
☐ True
☐ **False**
8. Naltrexone is an example of an aversive agent used in the treatment of alcoholism.
☐ True
☐ **False**
9. Methamphetamine can be completely made from chemicals found in most households.
☐ True
☐ **False**

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10. An individual who appears resistant to treatment and/or is in denial could be appropriate for the lowest (least intense) of the ASAM levels of care.
- ☐ **True**
 - ☐ False
11. Methadone is not widely used in the treatment of narcotic addiction because of studies documenting its lack of effectiveness.
- ☐ True
 - ☐ **False**
12. Which of these is not a sign of methamphetamine intoxication?
- ☐ **Sleepiness**
 - ☐ Lack of appetite
 - ☐ Increased pulse rate
 - ☐ Hyperactivity
13. Women have a worse prognosis for long term recovery from addiction recovery than do men.
- ☐ True
 - ☐ **False**
14. PAWS stands for:
- ☐ Potentially awkward workplace situations
 - ☐ People again women for sobriety
 - ☐ **Post-acute withdrawal syndrome**
 - ☐ None of the above
15. Recovery can be said to be stable after 18-24 months of interrupted abstinence.
- ☐ True
 - ☐ **False**
16. The addict who has had little or no experience outside of an environment in which heavy drinking and/or illegal drug use is normal is:
- ☐ Acultural
 - ☐ Bicultural
 - ☐ **Enmeshed**
 - ☐ Up the creek without a paddle
17. A common problem in early recovery parenting is overprotection and overindulgence.
- ☐ **True**
 - ☐ False
18. The focus of the "recovery coach" ("community guide") is linking clients into long-term, professionally directed treatment.
- ☐ True
 - ☐ **False**

19. Opioid maintenance therapy is one of the ASAM levels of care.
- ☐ True
 - ☐ **False**
20. Women for Sobriety is an example of a secular, recovery mutual aid society.
- ☐ **True**
 - ☐ False
21. AA and NA meetings have been found in recent research studies to be less effective for women and people of color than for white men.
- ☐ True
 - ☐ **False**
22. Recovery management places great emphasis on recovery education, post-treatment monitoring, feedback, and early re-intervention.
- ☐ **True**
 - ☐ False

Pre-Test/Post-Test
Supervising for Optimal Effectiveness

Name: _____ Date: _____

1. A good salary is the #1 motivation for employees to do outstanding work.
☐ True
☐ **False**
2. Loose boundaries occur when family members are constantly in each other's business.
☐ True
☐ **False**
3. Family involvement has very little impact on a client's chance for sobriety.
☐ True
☐ **False**
4. Helping to decrease employee apathy is a major supervisory function.
☐ **True**
☐ False
5. "Parallel process" refers to the fact that clients prefer to talk about issues when they trust their case manager.
☐ True
☐ **False**
6. One should maintain consistency in one's supervision by giving all employees the same feedback.
☐ True
☐ **False**
7. There is a relationship between poor boundaries and burnout.
☐ **True**
☐ False
8. "Differentiation of self" refers to the need for counselors to know themselves.
☐ True
☐ **False**
9. Triangulation occurs when clients talk about case managers behind their backs.
☐ True
☐ **False**

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10. Individual supervision is ineffective in helping case managers work with their clients.
- ☐ True
 - ☐ **False**
11. Employees rate job security high then feelings of appreciation as a motivating factor to do great work.
- ☐ True
 - ☐ **False**
12. Team building would not be necessary if everyone would just do his/her job.
- ☐ True
 - ☐ **False**
13. Recovery rates have increased dramatically over the past 50 years.
- ☐ True
 - ☐ **False**
14. Apathy is a sign of chronic burnout.
- ☐ **True**
 - ☐ False
15. To help workers improve their performance, it is helpful to supervisors to ignore slow progress.
- ☐ True
 - ☐ **False**

Project Strengthening Supervision

PURPOSE OF SURVEY: The purpose of this follow-up written survey is to determine from your perceptions the knowledge and skills you have been able to apply to your work as a result of attending one or more of the Project Strengthen Supervision training sessions sponsored by Illinois State University during 200 -200 .

1. How well would you say the Project Strengthening Supervision training session(s) you attended prepared you to provide more effective supervision of child welfare case workers who are working with families in which substance abuse has been identified as major issue?

- ☐ Very extensively
☐ Extensively
☐ Only Slightly
☐ Not at all

2. As a result of the training session(s) you attended, to what extent were the following competencies enhanced for you in supervising child welfare case workers? (**Mark the ONE most appropriate response under each competency.**)

Competencies	Not at all	Slightly Extensive	Extensively	Very extensively
Using the stages of change theory.				
Using motivational interviewing.				
Understanding the ASAM Patient Placement Criteria and the reasons for its use.				
Understanding the implications of prenatal exposure to illicit drugs.				
Working more effectively with the AODA treatment provider in relapse prevention or continuing care plan.				
Identifying recovery resources available to the client and monitoring their progress in treatment.				
Learning additional strategies and approaches for supervising case workers.				

3. To what extent has your experience from this training impacted your current practice(s) in supervising child case workers? **(Mark the ONE most appropriate response under each practice impacted.)**

Current Work Practices Impacted	Not at all	Slightly extensive	Extensively	Very extensively
Teaching supervised caseworkers about stages of change and motivational interviewing.				
Applying more strategies and approaches in supervising caseworkers.				
Communicating more effectively with individuals under my supervision.				
Helping staff to better monitor client's progress in treatment.				
Assisting caseworkers in identifying a wider range of recovery resources.				

4. As a result of your participation in the Project Strengthening Supervision training session(s), which efforts below have you undertaken? **(Mark AS MANY of the following items below that apply to your situation.)**

Mark (X) Items

<input type="checkbox"/>	Recommended that other supervisors at my agency attend these workshops.
<input type="checkbox"/>	Read the handout material provided at the workshops.
<input type="checkbox"/>	Obtained/ read recommended reading material (Stages of Change and Motivational Interviewing).
<input type="checkbox"/>	Read information from other sources about child-maltreatment and substance abuse.
<input type="checkbox"/>	Shared information from workshop(s) with caseworkers under my supervision.
<input type="checkbox"/>	Recommended changes in the practices and policies of our agency toward issues of addressing child maltreatment.
<input type="checkbox"/>	Other (Please specify):

5. Now that you have had a chance to reflect and use the materials and information presented at the training(s), how would you rate overall the training on the following scale? (**Mark the ONE most appropriate response under each statement below.**)

Statement	Very evident	Somewhat evident	Not evident
Training has clearly stated purposes and objectives.			
Training sessions organized as such that I could see how concepts and skills were related to each other.			
Training provided overview of approaches and practices in supervising caseworkers.			
Training provided information and skills that increased your ability to work with families in which substance abuse is a major issue.			

6. What would you recommend to the designers of these training sessions to consider in developing future training that addresses how more effectively provide supervision to case workers?

7. What would you like to see as content of future training sessions to support your role in supervising caseworkers who deal with substance affected families?

Note: Please return this questionnaire survey in the reply envelope to Dr. Donald Kachur, Project Evaluator, 1316 Crown Court, Bloomington, Illinois 61704-8000 by no later than _____ or fax to 309/438-5358.

Appendix B

Pre-Test/Post-Test T-test Statistical Treatment

T-Test – 2000-2001

T-Test – 2001-2002

T-Test – 2002-2003

T-Test: June 14, 2001

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	11.86	22	.77	.17
	Pre-Test Score	9.36	22	1.22	.26

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	22	-.349	.111

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	2.50	1.65	.35	1.77	3.23	7.086	21	.000

T-Test: August 23-24, 2001

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	17.29	14	2.09	.56
	Pre-Test Score	11.86	14	2.07	.55

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	14	-.256	.376

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	5.43	3.30	.88	3.52	7.33	6.158	13	.000

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	12.92	12	1.56	.45
	Pre-Test Score	11.67	12	1.83	.53

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	12	.785	.002

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	1.25	1.14	.33	.53	1.97	3.804	11	.003

T-Test: November 15-16, 2001

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	11.40	5	1.95	.87
	Pre-Test Score	9.00	5	2.65	1.18

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	5	-.339	.576

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	2.40	3.78	1.69	-2.30	7.10	1.419	4	.229

T-Test: December 11, 2001

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	11.80	5	1.30	.58
	Pre-Test Score	11.00	5	1.58	.71

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	5	-.121	.846

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	.80	2.17	.97	-1.89	3.49	.825	4	.456

T-Test: March 15, 2002

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	12.94	16	1.48	.37
	Pre-Test Score	10.00	16	2.22	.56

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	16	.527	.036

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	2.94	1.91	.48	1.92	3.96	6.140	15	.000

T-Test: April 25-26, 2002

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	16.58	12	2.97	.86
	Pre-Test Score	14.17	12	2.62	.76

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	12	.173	.590

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	2.42	3.60	1.04	.13	4.71	2.323	11	.040

T-Test: May 2, 2002

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	13.00	11	1.67	.50
	Pre-Test Score	11.64	11	1.50	.45

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	11	.637	.035

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	1.36	1.36	.41	.45	2.28	3.321	10	.008

T-Test: June 14, 2002

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	11.00	9	2.78	.93
	Pre-Test Score	8.44	9	3.28	1.09

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	9	.903	.001

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	2.56	1.42	.47	1.46	3.65	5.384	8	.001

T-Test: July 11-12, 2002

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	13.50	8	3.51	1.24
	Pre-Test Score	10.13	8	2.42	.85

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	8	.548	.160

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	3.38	2.97	1.05	.89	5.86	3.211	7	.015

T-Test: August 6, 2002

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	11.67	6	.82	.33
	Pre-Test Score	11.50	6	2.51	1.02

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	6	-.098	.854

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-Test Score - Pre-Test Score	.17	2.71	1.11	-2.68	3.02	.150	5	.886

T-Test: November 8, 2002

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	11.40	10	1.78	.56
	Pre-Test Score	9.40	10	1.58	.50

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	10	.095	.794

Paired Samples Test

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	Post-Test Score - Pre-Test Score	2.00	2.26	.71	.38	3.62	2.798	9	.021

T-Test: December 12-13, 2003

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post-Test Score	12.92	12	1.47	.37
	Pre-Test Score	10.02	12	2.20	.55

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post-Test Score & Pre-Test Score	12	.522	.035

Paired Sample Tests

Paired Differences									
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig (2-tailed)
Pair 1	Post-Test Score 1 Pre-Test Score	2.93	1.89	.47	1.91	3.94	6.120	15	.000